

**STATE OF NEBRASKA**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE - Credentialing Division
P.O. Box 94986, Lincoln, Nebraska 68509-4986
402-471-2117

Nursing Home Administration APPLICATION FOR APPROVAL OF A CONTINUING EDUCATION PROGRAM

SECTION A – Applicant's Name and Address (Please print your name and full address)

First:	Middle:	Last:
Street/PO/Route:		
City:	State:	Zip

☐ Check this box if the training is for preceptor education

Signature: _____

Date: _____ Telephone Number: _____

Fee: \$10.00**SECTION B – Sponsor/Provider Information**

1	Name of Sponsor/Provider:	Name:		
2	Address:	Street/PO/Route:		
		City:	State:	Zip:

SECTION C – Program Information

1	Name of Program:			
2	Objective: Describe how this program is relates to Nursing Home Administration			
3	Type of Program (Please check the applicable program)			
	<input type="checkbox"/>	Academic Credit: 1 semester hour = 5 Continuing Education Hours / 1 quarter hour = 3 Continuing Education Hours		
	<input type="checkbox"/>	Workshop, clinic, lecture, forum, seminar, etc: (60 minutes = 1 Continuing Education Hour)		
4	Number of Clock Hours Requested for Approval (does NOT include time for breaks and meals):			
5	Location of Program:			
6	Date(s) of Program:			
7	Is this program open to all Nursing Home Administrators?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

BOARD DECISION
☐ Approved _____ hours credit

☐ Denied, Reason: _____

(Signature of Reviewer)_____
(Date)

SECTION D – Program Agenda

➔ A copy of the program **agenda must be attached** to this request that includes the following information:

- Name of program
- Number of hours requested
- Start and end times of each subject
- Start and end time of all breaks and lunch/dinner
- Date(s) of program

SECTION E – Method of Program Attendance Verification

➔ **Attach** a sample copy of the documentation the provider issues to licensees as **proof of attendance** at the program. This must include: participant name, name of provider and provider's signature, name of program, date of program, hours earned by participant, and location of program.

SECTION F – Program Monitoring: Indicate the method for monitoring and verifying attendance

<input type="checkbox"/>	Sign-in/out sheet
<input type="checkbox"/>	Monitor at the door
<input type="checkbox"/>	Other, Explain:

SECTION G – Program Topic Area: Indicate the topic area

<input type="checkbox"/>	Applicable standards of environmental health and safety;
<input type="checkbox"/>	Applicable health and safety regulations;
<input type="checkbox"/>	General administration;
<input type="checkbox"/>	Psychology of patient care;
<input type="checkbox"/>	Principles of patient care;
<input type="checkbox"/>	Personal and social care of residents;
<input type="checkbox"/>	Therapeutic and supportive care and services in long-term care;
<input type="checkbox"/>	Facility departmental organization and management; and
<input type="checkbox"/>	Community health/service organizations.

SECTION H – Presenter/Instructor Information

➔ **Presenter/Instructor #1:** (List below name, education, experience and/or training **relating to this C.E. presentation**)

Name:	First:	Middle:	Last:
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EDUCATION	Total Hours:
Name of Educational Institutions:	

EXPERIENCE	Total Hours:
Type and Nature of Experience:	

TRAINING	Total Hours:
Name of Training Entities:	

Additional presenter/instructor space continued on next page

➡ Presenter/Instructor #2: (List below name, education, experience and/or training relating to this C.E. presentation)			
Name:	First:	Middle:	Last:
EDUCATION	Total Hours:		
Name of Educational Institutions:			
EXPERIENCE	Total Hours:		
Type and Nature of Experience:			
TRAINING	Total Hours:		
Name of Training Entities:			
➡ Presenter/Instructor #3: (List below your name, education, experience and/or training relating to this C.E. presentation)			
Name:	First:	Middle:	Last:
EDUCATION	Total Hours:		
Name of Educational Institutions:			
EXPERIENCE	Total Hours:		
Type and Nature of Experience:			
TRAINING	Total Hours:		
Name of Training Entities:			

NOTE: This application may take 45 days to process from the date of receipt of this application. Please submit your application in a timely manner.

After the Board has granted its *written approval* of the application, the provider is entitled to state upon its publications: This program is approved for _____(number) Nebraska Nursing Home Administration continuing education hours.

In accordance with the division's records retention schedule, continuing education application materials will be disposed of after 30 days of the date of the approval letter.

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**Nursing Home Administration
APPLICATION FOR REVIEW OF A
HOMESTUDY OR VIDEO
CONTINUING EDUCATION PROGRAM**

SECTION A - Name And Address: (Please print your name and full address)		
First:	Middle:	Last:
Street/PO/Route:		
City:	State:	Zip

**Are you the
program provider?**

☐ Yes ☐ No

Telephone Number:

Date _____ Signature _____

Fee: \$10.00

SECTION B – Homestudy/video program Information			
1	Type of Program (Please check the applicable program)		
	<input type="checkbox"/>	Homestudy program	
	<input type="checkbox"/>	Video	
2	Name of Textbook or Other Documentation Utilized:		
3	Describe how this Homestudy/video program is related to Nursing Home Administration		
4	Number of Hours Requested for Approval:		
5	Is an examination utilized to ensure completion of the homestudy/video?		Yes <input type="checkbox"/>
	If not, what mechanism is utilized?		No <input type="checkbox"/>

SECTION C - Method of Completion Verification.

- ➔ Attach a sample copy of the documentation the provider issues to licensees as proof of completing the program. Examples include, a certificate of completion or a letter from the provider verifying completion of the program.

FOR OFFICE USE ONLY - BOARD DETERMINATION	
<input type="checkbox"/> Approved, _____ hours credit <input type="checkbox"/> Denied, Reason: _____	
_____ (Signature of Reviewer) _____ (Date)	

SECTION D – Homestudy/Video Program Developer Information			
Name:	First:	Middle:	Last:
Qualifications (List any education, experience and/or training that qualifies the individual to develop this continuing education program.)	Education:		
	Experience:		
	Training:		

➔ You may attach supporting documentation to supplement the information in this section. Examples include, but are not limited to, curriculum vita, resume or documentation of previous presentations pertaining to Nursing Home Administration.

SECTION E – Program Topic Area: Indicate the topic area	
<input type="checkbox"/>	Applicable standards of environmental health and safety
<input type="checkbox"/>	Applicable health and safety regulations;
<input type="checkbox"/>	General administration;
<input type="checkbox"/>	Psychology of patient care;
<input type="checkbox"/>	Principles of patient care;
<input type="checkbox"/>	Personal and social care of residents;
<input type="checkbox"/>	Therapeutic and supportive care and services in long-term care;
<input type="checkbox"/>	Facility departmental organization and management; and
<input type="checkbox"/>	Community health/service organizations.

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